

**Miami-Dade County
Occupational License**

Hypnotherapist Affidavit

STATE OF FLORIDA

License # _____

COUNTY OF MIAMI-DADE

In regard to obtaining a Miami-Dade County Occupational License as a hypnotherapist, the undersigned appeared before me this date and made oath as follows:

I am a teacher or practitioner of medical hypnotherapy or the science of hypnosis. I teach or practice hypnosis in connection with the science of medicine, dentistry, development of creativity, rehabilitative services, psychiatric research and similar activities. If I teach hypnosis, my pupils consist exclusively of medical doctors, dentists, registered nurses, medical or dental students and persons professionally associated with practitioners of medical, dental science, rehabilitative and technical services.

I do not and will not practice or teach hypnosis for any theatrical or entertainment purpose whatsoever.

I submit this affidavit along with any supporting statements or other evidence as the Tax Collector may require, for the purpose of obtaining a Miami-Dade County Occupational License as a Hypnotherapist. F.S. 456.33

I understand that if this, my statement, contains any misrepresentation, I shall have rendered myself liable for the full penalty of the laws therefore made and provided.

_____ Sworn and subscribed before me
Signature this _____ day of _____, 20_____

_____ Notary Public
Picture ID shown